

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/416910 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/	/	51		/				
2						/	52		/				
3						/	53		/				
4						/	54						
5						/	55						
6						/	56						
7						/	57						
8						/	58						
9						/	59						
10						/	60						
11						/	61						
12						/	62						
13						/	63						
14					/	/	64						
15						/	65						
16						/	66						
17						/	67						
18						/	68						
19						/	69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27					/	/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33						/	83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40						/	90						
41						/	91						
42					/	/	92						
43						/	93						
44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.					6		TOTAL IND.						
TOTAL DEP.					49		TOTAL DEP.						
TOTAL CLAIMS					53		TOTAL CLAIMS						